

City of Las Vegas **PROJECT: Volunteer**
Thursday, April 10, 2008 at 1:00 p.m.
Veterans Memorial Leisure Services Center
101 North Pavilion Center Drive, Las Vegas, NV 89144

Organization's Name: _____

Mailing Address: _____

Website: _____

Local Contact Person's Name: _____

Local Contact Person's Phone Number: _____

Local Contact Person's E-mail Address: _____

Local Contact Person's FAX Number: _____

Mission Statement: _____

Are you a government entity? ☐ Yes ☐ No

Are you a 501(c)3 (non-profit)? ☐ Yes ☐ No

Please check the category most appropriate for your organization's services (listed alphabetically):

☐ Addiction assistance/support

☐ Animals

☐ Arts / Culture / Historical Preservation

☐ Children / Youth / Teens

☐ Crisis Assistance

☐ Domestic abuse shelter/counseling

☐ Environmental issues

☐ Homeless issues

☐ Low income family assistance

☐ Low income housing

☐ Medical research / assistance

☐ Mental health assistance / support

☐ Natural Disaster Assistance

☐ Senior Citizens

When completed, please fax this form to: 702-464-5793

Or mail this form to:

Councilman Steve Wolfson
ATTN: Krystell Klingler
City Hall, 10th Floor
400 Stewart Avenue
Las Vegas, NV 89101

All forms must be received by April 3, 2008

If you have any questions, please call Councilman Wolfson's office at 702-229-4645